

Nevada State Health Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS6281AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/29/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>LIVINGSTON HOME, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5858 PALMYRA AVE LAS VEGAS, NV 89146</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 1/29/13. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for 10 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was ten. Ten resident files were reviewed and six employee files were reviewed.  The facility received a grade of D.  The following deficiencies were identified:	Y 000		
Y 020 SS=D	449.190(1)(a)-(e) Contents of License-Administrator's Name  NAC 449.190 License: Contents; validity; transferability; issuance of more than one type.  1. A license to operate a residential facility must include: (a) The name of the administrator of the facility. (b) The name and address of the facility; (c) The type of facility;	Y 020		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 020	Continued From page 1  (d) The maximum number of residents authorized to reside at the facility; and (e) The category of residents who may reside at the facility.          This Regulation is not met as evidenced by: Based on observation and interview on 1/29/13, the facility had 11 beds in the facility; while being licensed for 10 total beds (extra bed in Bedroom #7).  Severity: 2 Scope: 1	Y 020			
Y 026 SS=D	449.190(3) Contents of License-Multiple Types  NAC 449.190 License: Contents; validity; transferability; issuance of more than one type.  3. A residential facility may be licensed as more than one type of residential facility if the facility provides evidence satisfactory to the bureau that it complies with the requirements for each type of facility and can demonstrate that the residents will be protected and receive necessary care and services.  This Regulation is not met as evidenced by: Based on record review and interview on 1/29/13, the facility was caring for 1 of 10 persons with mental illness without an endorsement (Resident #7).  Findings include:	Y 026			

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Y 026	Continued From page 2  Resident #7 had been admitted to the facility on 1/17/13 with a diagnosis of end stage debility, dementia, diabetes mellitus, schizophrenia and bi-polar disorder. There was no diagnosis of Alzheimer's disease indicated anywhere in the resident's file. Nor did the resident have a Standard Placement form, completed or signed by a physician, in her file.  Severity: 2 Scope: 1	Y 026		
Y 103 SS=D	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis  NAC 449.200 Staffing requirements; limitations on number of residents; written schedule required for each shift.  1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.  This Regulation is not met as evidenced by: Based on record review and interview on 1/29/13, the facility failed to ensure 2 of 10 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing (Employee #2- missing 2012 annual TB skin test and Employee #3-missing two step TB skin test).	Y 103		

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Y 103	Continued From page 3  Severity: 2    Scope: 1	Y 103		
Y 356 SS=D	449.222(6) Bathrooms and Toilet Facilities  NAC 449.222 Bathrooms and toilet facilities; toilet articles.  6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times.  This Regulation is not met as evidenced by: Based on observation on 1/29/13, the facility did not ensure the locks on 1 of 5 bathroom doors could be opened with a single motion (front hall bathroom).  Findings include:  The bathroom required a double motion to unlock from the inside of the bathroom and required a key to open from the outside of the bathroom.  Severity: 2    Scope: 1	Y 356		
Y 740 SS=D	449.272(1)(a)-(c) Indwelling Catheter  NAC 449.272 Residents requiring use of indwelling catheter.  1. A person who requires the use of an indwelling catheter must not be admitted to a residential facility or be permitted to remain as a resident of	Y 740		

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Y 859	Continued From page 5  resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.  This Regulation is not met as evidenced by: Based on interview and record review on 1/29/13, the facility failed to ensure 1 of 10 residents received a pre-admission physical examination (Resident #1).  Severity: 2 Scope: 1	Y 859		
Y 878 SS=E	NAC 449.2742(5)(6) Medication / OTCs, Supplements, Change Order  NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers and employees of facility.  5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medications and dietary supplements must be included in the record	Y 878		

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Y 878	<p>Continued From page 6</p> <p>required pursuant to paragraph (b) of subsection 1 of NAC 449.2744.</p> <p>6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:</p> <p>(a) The caregiver responsible for assisting in the administration of the medication shall:</p> <p>(1) Comply with the order;</p> <p>(2) Indicate on the container of the medication that a change has occurred; and</p> <p>(3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744;</p> <p>(b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and</p> <p>(c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744.</p> <p>This Regulation is not met as evidenced by:</p>	Y 878			

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Y 878	<p>Continued From page 7</p> <p>Based on record review and interview on 1/29/13, the facility failed to ensure 4 of 10 residents received medications as prescribed (Resident #1, #3, #4 and #10).</p> <p>Findings include:</p> <p>Resident #1 Prescribed Vitamin D 1000 units, two capsules twice a day on Monday, Tuesday, Wednesday, Thursday and Friday. The facility had been out of the supplement since 1/5/13 (approximately 24 days).</p> <p>Resident #3 Prescribed Spironolactone 25 milligrams (mg), one tablet twice a day. The facility had been out of the medication since 1/23/13 (approximately 6 days). Prescribed Ketoconazole 2 %, to be applied twice a day. The resident had missed twelve applications. Prescribed Triamcinolone 0.1 %, to be applied twice a day. The resident had missed eleven applications. Prescribed Clobetasol 0.05 %, to be applied twice a day. The resident had missed eleven applications. Prescribed Temazepam 30 mg, one tablet at bedtime. The facility had been out of the medication for four days. Prescribed Tramadol 50 mg, one tablet every 4 hours. The facility had been out of the medication for 5 days and had missed 18 doses of the medication.</p> <p>Resident #4 Prescribed Senna Plus 8.6 mg, two tablets twice a day. The resident was being one tablet three times a day.</p>	Y 878			

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Y 878	Continued From page 8  Resident #10 Prescribed Omeprazole 20 mg, one capsule twice a day. The resident was being given one capsule once a day.  Severity: 2 Scope: 2	Y 878		
Y 883 SS=D	449.2742(7) Medication / Resident Refusal  NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers and employees of facility.  7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed.  This Regulation is not met as evidenced by: Based on record review and interview on 1/29/13, the facility failed to notify the physician of 2 of 10 residents within 12 hours of missed medication doses (Resident #1- Vitamin D supplements and Resident #3- Ketoconazole 2 %).  Severity: 2 Scope: 1	Y 883		
Y 895 SS=C	449.2744(1)(b 1-4)+449.2746(2) Medication / MAR-PRN MAR	Y 895		

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Y 895	<p>Continued From page 9</p> <p>NAC 449.2744 Administration of medication: Maintenance and contents of logs and records.</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain:</p> <p>(b) A record of the medication administered to each resident. The record must include:</p> <p>(1) The type of medication administered;</p> <p>(2) The date and time that the medication was administered;</p> <p>(3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and</p> <p>(4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician.</p> <p>NAC 449.2746 (Refer to NAC 449.2742(5) The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744.)</p> <p>2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication:</p> <p>(a) The reason for the administration;</p> <p>(b) The date and time of the administration;</p> <p>(c) The dose administered;</p> <p>(d) The results of the administration of the medication;</p> <p>(e) The initials of the caregiver; and</p> <p>(f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician.</p>	Y 895		

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Y 895	Continued From page 11  Senna Plus). Resident #6- Prescribed Temazepam 30 mg, one tablet every night. The MAR read to give one 15 mg tablet every night. Resident #7- Prescribed Clotrimazole and Betamethasone, apply twice a day. The medication had not been signed as applied on 1/21/13 and 1/22/13 at 8 AM or on 1/28/13 at 8 PM. Resident #10- Six medications not signed as given on several occasions (Senna, Digoxin, Systane Oph, Preser Vision, Citalopram and Albuterol). Two different cough syrups were written on the as needed (PRN) sheet (Guaifenesin and Q-Tussin). Three "as needed" medications not listed on the PRN sheet (Temazepam, Morphine and Promethazine). Prescribed Omeprazole 20 mg, one capsule twice a day. The MAR read to give one capsule once a day.  Severity: 1    Scope: 3	Y 895			
Y 920 SS=F	449.2748(1-2) Medication Storage  NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident.  1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other	Y 920			

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Y 920	Continued From page 12  unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.  2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication must be kept in a locked box unless the refrigerator is locked or is located in a locked room.  This Regulation is not met as evidenced by: Based on observation on 1/29/13, the facility failed to ensure all resident medications were kept in a secured area (Imodium and Vitamin D supplements were found in a nightstand drawer in Bedroom #1).  Severity: 2 Scope: 3	Y 920		
Y 930 SS=B	449.2749(1)(a) Resident File-Storage, Res Information  NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information.  1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place	Y 930		

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Y 930	<p>Continued From page 13</p> <p>that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:</p> <p>(a) The full name, address, date of birth and social security number of the resident.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 1/29/13, the facility failed to ensure 4 of 10 resident files contained complete information related to the resident (Resident #2, #3, #7 and #10).</p> <p>Findings include:</p> <p>Resident #2's Resident Agreement/Contract had not been signed by the resident or her representative.</p> <p>Resident #3's Medication Management Agreement had not been signed by the resident or his representative.</p> <p>Resident #7's physician had not completed and signed a Standard Placement Determination form for the resident.</p> <p>Resident #10's Medication Management Agreement, Resident Agreement/Contract and several other important forms had not been completed or signed by the resident or his representative.</p> <p>Severity: 1    Scope: 2</p>	Y 930		

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Y 936	Continued From page 14	Y 936			
Y 936 SS=D	<p>449.2749(1)(e) Resident file-NRS 441A Tuberculosis</p> <p>NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information.</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:</p> <p>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 1/29/13, the facility failed to ensure 1 of 10 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #1-missing annual 2012 TB skin test).</p> <p>This was a repeat deficiency from the 10/8/12 complaint investigation survey.</p> <p>Severity: 2    Scope: 1</p>	Y 936			
Y 994 SS=F	<p>449.2756(1)(e) Alzheimer's facility - Dangerous items</p> <p>NAC 449.2756</p>	Y 994			

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Nevada State Health Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS6281AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/29/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>LIVINGSTON HOME, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5858 PALMYRA AVE LAS VEGAS, NV 89146</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 999	<p>Continued From page 16</p> <p>This Regulation is not met as evidenced by: Based on observation and interview on 1/29/13, the facility failed to ensure toxic substances were inaccessible to 10 of 10 residents (Resident #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10).</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. A plastic container of nail polishes and nail polish remover were found in an unlocked front hall closet.</li> <li>2. Cleaning supplies were left unattended by housekeepers in Bedroom #6.</li> </ol> <p>Severity: 2      Scope: 3</p>	Y 999		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.